

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION**

SUPPLEMENTAL APPLICATION EXAMINATION FOR SUPERVISING DENTIST, CORRECTIONAL FACILITY

Please read and follow these instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Dentist, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. If successful, your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as **missing or incomplete information may delay the processing of your examination.**

Candidate's Name: _____

Social Security Number: _____

Address: _____

In order to expedite the hiring process your phone numbers are required

Home/Cellular Phone Number: _____

Work Phone Number: _____

Signature _____

Date _____

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at www.spb.ca.gov) to the address below:

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Office of Selection Services
P. O. Box 942883
Sacramento, CA 94283-0001

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please clearly indicate below if your education and licensure information meet the minimum qualifications for this exam:

"Possession of the legal requirements for the practice of dentistry in California as determined by the California Board of Dental Examiners". (Applicants may be admitted to the examination prior to meeting these requirements, but the Board of Dental Examiners must determine that all legal requirements have been met before candidates will be eligible for appointment;

And

Graduation from an approved dental school.

And

Either I

Two (2) years of professional dental experience in a California State Institution.

Or II

Three (3) years of experience in the practice of dentistry including one (1) year of dental experience on the staff of a hospital or clinic or in the armed forces.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work in a State correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to provide dental care to inmates/youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to comply with the Department's safety and security procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to work as a Dentist on-Call (e.g. evenings, weekends and holidays), which may extend beyond regular working hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work various alternative schedules (day, evenings, nights, weekends)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to actively participate in the peer review and dental quality review process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to be responsible for the safeguarding of dental instruments and their inventories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you able to do the following: bend, stoop, climb stairs, push, pull, twist, briskly walk a minimum of 50 yards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you willing to adhere to the Department's Dental Program Policies and Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

LICENSE REQUIREMENTS

Please respond to each question by marking the appropriate box.

16. Have there been any disciplinary actions completed against you that have restricted your ability to practice dentistry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you been convicted of any felony crime related to the practice of dentistry that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are there currently any pending disciplinary charges against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have any disciplinary actions been taken against you by another state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you been convicted of any misdemeanor related to the practice of dentistry that has restricted your ability to practice or your scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is your license to practice dentistry currently subject to probationary conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES/CERTIFICATES

Please indicate if you possess any of the following degrees/certificates by marking the appropriate box(es):

<input type="checkbox"/>	23. Oral and Maxillofacial Surgery
<input type="checkbox"/>	24. Periodontics
<input type="checkbox"/>	25. Endodontics
<input type="checkbox"/>	26. General Practice Residency
<input type="checkbox"/>	27. Oral Medicine
<input type="checkbox"/>	28. Implant Dentistry

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE

Note to Applicant: Please read carefully. Under "Work Experience," for items # 29-71, indicate: 1. Recency Performing Task If you have performed this task within the last 24 months; 2. Frequency Performing Task How often you perform this task (e.g. select one box from "weekly" "monthly" or "annually" column) 3. Level of Skill Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	RECENCY	FREQUENCY			LEVEL OF SKILL		
	I have performed task within last 24 months	Performed task daily	Performed task weekly	Performed task monthly	Have NOT performed task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
29. Perform complete oral examination on patients (soft/hard tissue examination, oral cancer screen, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Develop a comprehensive dental treatment plan for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Order appropriate lab studies, X-rays and other diagnostic tests to formulate a differential diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Screen and diagnose traumatic dental injuries (tooth avulsion, fractures, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Screen and assess periodontal conditions (pocket measurements, mobility, furcations, etc.) to determine presence of disease and type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Manage acute/chronic dental pain and oral infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Perform non-surgical periodontal therapy or treatment to control periodontal disease (preventive dental education: oral hygiene instruction, scaling/root planning).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Perform operative dentistry to correct dental pathology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Perform minor surgery/exodontias (simple, soft tissue impaction) and post-operative treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Perform surgical exodontias (partial bony, full bony and flap procedures).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Perform biopsy of attached and unattached oral lesions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Develop a sequential treatment plan for the fabrication and delivery of immediate dentures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Perform prosthetic dentistry to restore the ability to masticate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Perform endodontics (e.g., root canals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
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	I have performed task within last 24 months		Performed task daily	Performed task weekly	Performed task monthly		Have NOT performed task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
43. Prescribe, administer and dispense medication to patients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Schedule daily patient appointment, and triage.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Document patient's dental records, existing conditions, oral pathology and treatment rendered.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Oversee/implement infection control policies and procedures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Supervise the work of a dentist or a group of dentists.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Create, coordinate and maintain dentists' daily work schedules.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Supervise ancillary dental staff (e.g., dental hygienist, clerical support, Dental assistants).	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Identify and evaluate training needs of dental staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Provide leadership training and clinical instruction to dental staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Monitor equipment and supplies to ensure all equipment is in proper operating condition, and ensure the adequacy of dental supplies.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Maintain instrument/equipment accountability for the dental clinic/office/department.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Evaluate and verify dentists' performance through the review of completed work assignments and work techniques to ensure compliance with community standards.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Complete probationary/performance evaluation reports and when appropriate initiate disciplinary action.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Participate in interviews, and evaluate/recommend the hiring of dental staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Supervise the dental clinic operation.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

Note to Applicant: Please read carefully. Under "Work Experience," for items # 29-71, indicate: 1. Recency Performing Task If you have performed this task within the last 24 months; 2. Frequency Performing Task How often you perform this task (e.g. select one box from "weekly" "monthly" or "annually" column) 3. Level of Skill Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	RECENTCY		FREQUENCY			LEVEL OF SKILL			
	I have performed task within last 24 months		Performed task daily	Performed task weekly	Performed task monthly		Have NOT performed task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
58. Coordinate and integrate the services of a multi faceted dental clinic.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Serve as a dental consultant to the Dentists on unusual or difficult cases.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Coordinate for special care and/or outside consultant for difficult cases.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Coordinate quality assurance practices.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Provide clinical records review to assure adequacy and adherence to established clinical policies and procedures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Coordinate peer reviews of Dentists.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Serve in the role of clinical case manager.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Oversee a process to address patients' concerns and complaints.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Maintain records, prepare reports and compose correspondence relative to the work.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Consult/communicate with the Dental Director (Dental Program Manager) and apprise him/her of all issues/problems with staff/patients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Advise dental health care professionals and non-dental staff on matters of dental health care program policy and procedures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Maintain current knowledge of developments of dentistry techniques and technology.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Direct and participate in the performance of general dentistry procedures.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Maintain current knowledge of California Dental Law.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

SUPERVISORY EXPERIENCE

Please check the box (es) that indicate which of the following classifications you have directly supervised after receiving your license.

- ☐ 72. Dentists
- ☐ 73. Dental Hygienists
- ☐ 74. Dental Assistants
- ☐ 75. Clerical staff

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority's information. If you answer, "yes" to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No
2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type _____

Visa expiration date _____

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time** ☐ **(R) Permanent Part-Time** ☐ **(K) Limited-Term Full-Time** ☐ **(A) Any**
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

☐ **7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES:

<input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County
<input type="checkbox"/> 0307 Preston YCF Ione, Amador Count

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

YOUTH FACILITIES:

<input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County
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☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**SUPERVISING DENTIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE SUPERVISING DENTIST, CORRECTIONAL FACILITY EXAMINATION?

Check the box that best describes how you found out about the Supervising Dentist, Correctional Facility Examination?

1. How did you hear about the position?

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- State Personnel Board (SPB)

2. What was your reason for selecting CDCR as your place of employment?

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above

3. How likely are you to recommend our Department to others?

- Not Likely 1 2 3 4 5 Highly Likely